



**PHYSICIAN OR PRACTITIONER CERTIFICATION
FAMILY MEMBER - SERIOUS HEALTH CONDITION**
(Family and Medical Leave Act of 1993)

(PLEASE PRINT)

1. Employee's Name: _____

2. Patient's Name (if other than employee): _____

3. Diagnosis: _____

4. Date Condition Commenced: _____ 5. Probable Duration of Condition: _____

6. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):

A. By Physician or Practitioner: _____

B. By another provider of health services, if referred by Physician or Practitioner:

-OVER-

Check "Yes" or "No" in the spaces below, as appropriate:

- | | Yes | No | |
|-----|---|-----|--|
| 7. | ___ | ___ | Is inpatient hospitalization of the family member (patient) required? |
| 8. | ___ | ___ | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? |
| 9. | ___ | ___ | After review of the employee's signed statement (See item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |
| 10. | Estimate the period of time care is needed or the employee's presence would be beneficial:
_____ | | |

ITEM 11 TO BE COMPLETED BY THE EMPLOYEE REQUESTING FAMILY LEAVE

11. When family leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

Employee's Signature

Date: _____

Physician/Practitioner Name (Print): _____

Signature of Physician or Practitioner

Date: _____

Physician/Practitioner Address: _____

Type of Practice (Field of Specialization, if any): _____